

Name  
in  
Full

Minnie Barnes

## CERTIFICATE OF DEATH

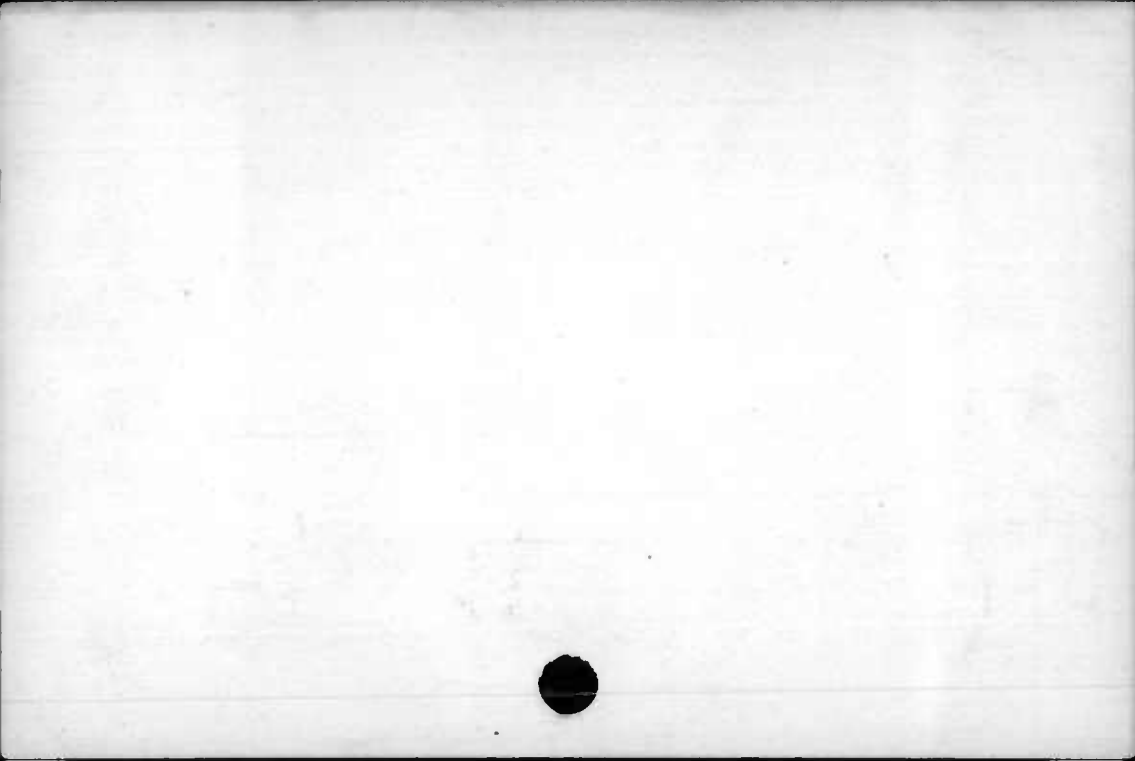
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Michaels</i> Town		County <i>Fulton</i>		MARYLAND	
Date of death <i>1905</i> Month <i>Nov</i> Day <i>21</i>		Age <i>72</i> Years		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>	
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace			
Name of person giving information <i>Grand daughter Lucy</i>		How related to deceased <i>Wilson</i>			

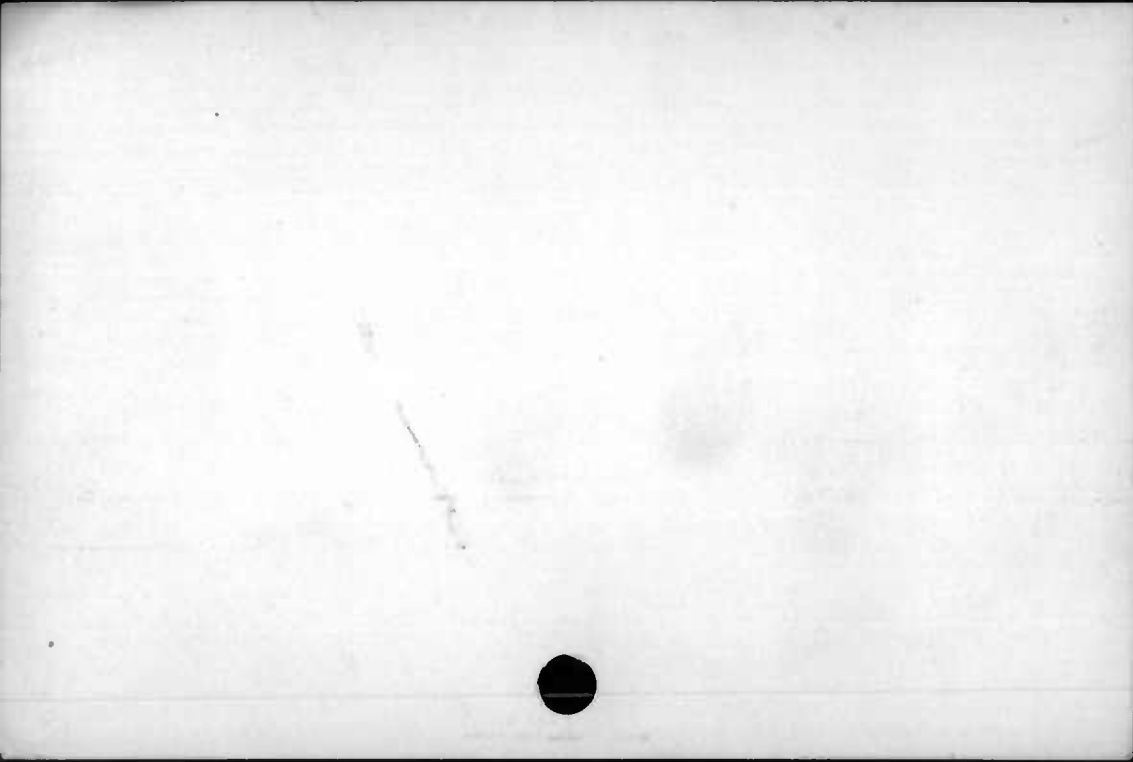
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerotic age</i>	How long <i>54</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Adams</i>
	Address <i>St Michaels</i>
Accident or Suicide?	<i>md</i>



Name in Full		Mary Rebecca Brinsfield				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1905		Nov	25th	Age 62	3	13
		Sex		Color or Race		Birth-place		
		Female		White		Oxford Neck		
		Occupation		Where Residing if not at place of death				
		Housewife						
		Married, Single or Widowed		Name of Wife or Husband				
Married		Thos. H. Brinsfield						
Father's Name		James Madison Parrott			Father's Birthplace			
					Talbot Co -			
Mother's Maiden Name					Mother's Birthplace			
Name of person giving information		Thos. H. Brinsfield			How related to deceased			
					Husband			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Chronic Nephritis		How long		
						2 yrs.		
		Immediate		Uremia		How long		
						5 days		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
				Wm S. Seymour				
				Traffe Md.				
Accident or Suicide?		no						



Name  
in  
Full

Relle Brooks

## CERTIFICATE OF DEATH

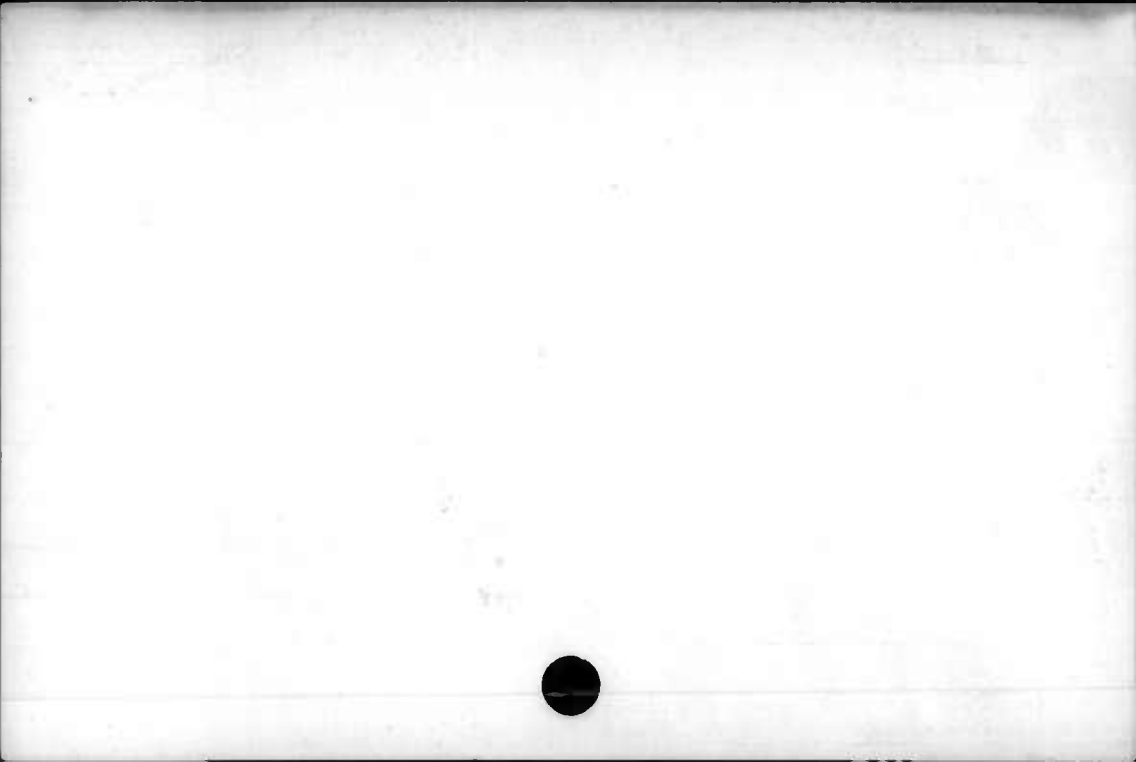
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Trappe</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>4</i>	Age	Months	Days <i>17 days</i>
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>Trappe</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Not known</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Relle Brooks</i>		Mother's Birthplace <i>Trappe</i>			
Name of person giving Information <i>Albert Brooks</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Not known</i>	How long
Immediate	<i>Not known</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jas. L. McCormick</i>
		Address <i>Trappe, Md.</i>
Accident or Suicide?		



Name  
in  
Full

William A Casson

## CERTIFICATE OF DEATH

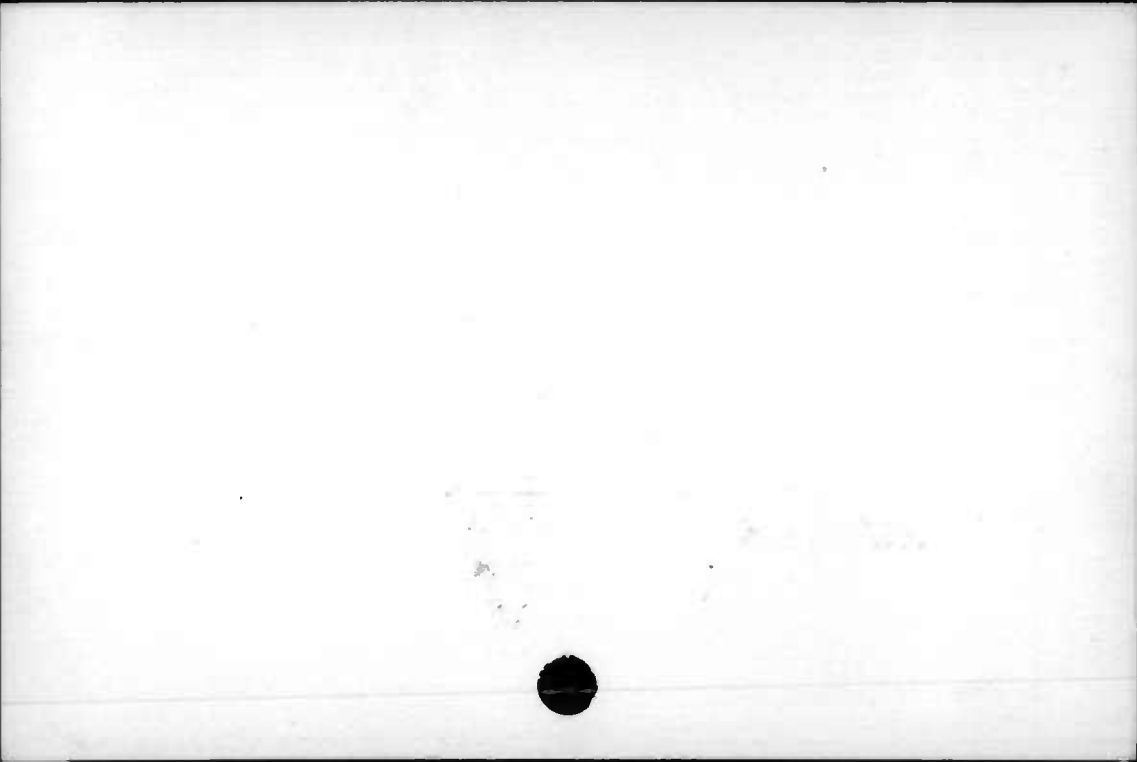
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Royal Oak</i> <sup>Town</sup>		<i>Tallot</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>2</i>	Years <i>78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Tallot County</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>L Scott Kilbourn</i>			How related to deceased <i>Undertaker</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>Immediate</i>
Immediate <i>dr</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L Scott Kilbourn Undertaker</i>
	Address <i>Royal Oak</i>
	<i>Tallot Co</i>
Accident or Suicide? <i>—</i>	<i>Ma</i>





Name  
in  
Full

*George Frederic. Coleman*

CERTIFICATE OF DEATH

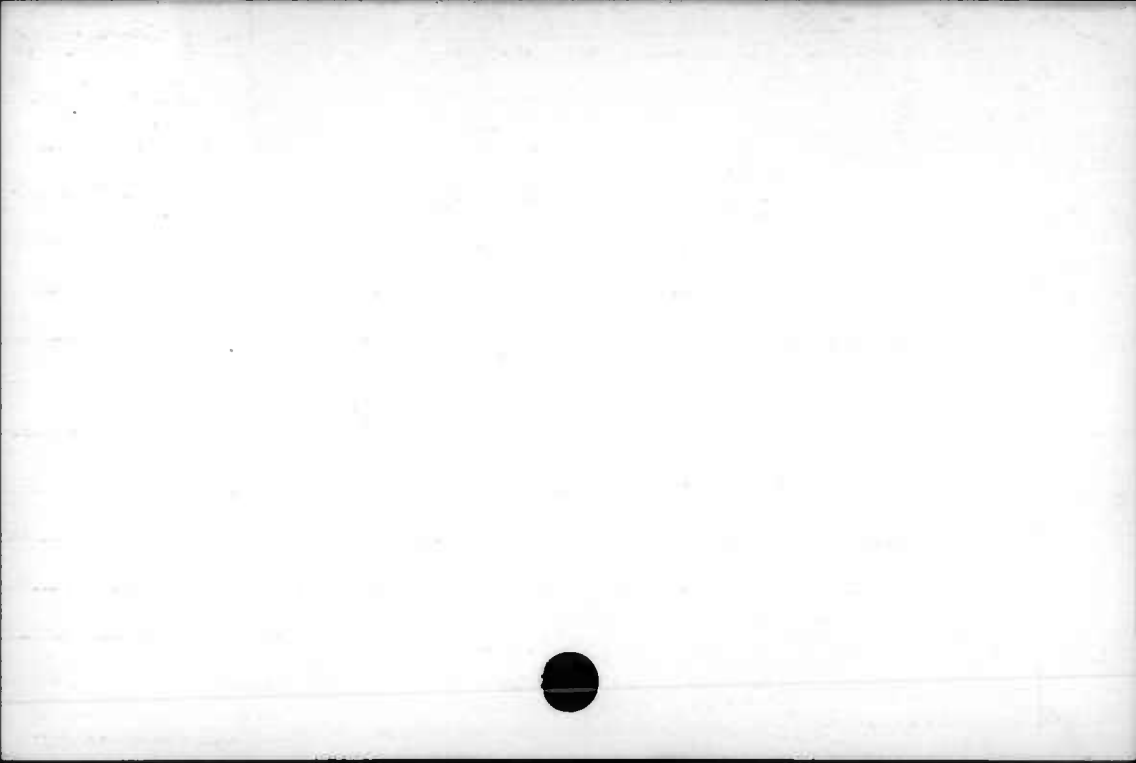
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Blueville</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>11</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co. Md.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George Thomas Coleman</i>			Father's Birthplace <i>Queen Anne Co. Md.</i>		
Mother's Maiden Name <i>Laura Price</i>			Mother's Birthplace <i>Talbot Co. Md.</i>		
Name of person giving information <i>Geo Coleman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchitis</i>	How long	<i>2 day -</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A. Ross M.D.</i>	
		Address <i>Crapple, Talbot Co. Md.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Ida May Green

## CERTIFICATE OF DEATH

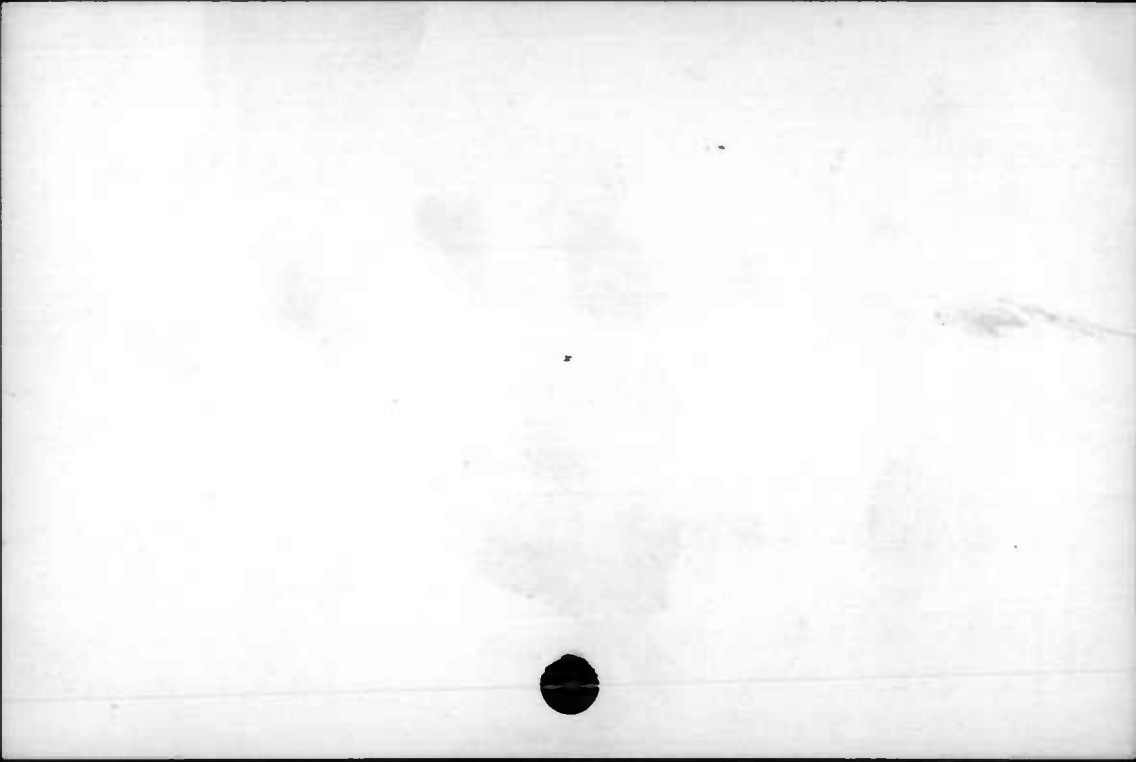
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	Month <u>11</u>	Day <u>22</u>	Age <u>18</u> <sup>Years</sup>	Months <u>10</u>	Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Talbot Co. Md</u>			
Occupation <u>Washwoman</u>		Where Residing if not at place of death			
<del>Married, Single</del> <del>or Widowed</del>		Name of Wife or Husband			
Father's Name <u>John Green</u>		Father's Birthplace <u>Caroline Co. Md</u>			
Mother's Maiden Name <u>Sarah Williams</u>		Mother's Birthplace <u>Talbot Co. Md</u>			
Name of person giving information <u>John Green</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis of lungs</u>	How long <u>8 mos.</u>
Immediate <u>Exhaustion</u>	How long <u>1 mo.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. S. Williams</u>
	Address <u>Easton, Md.</u>
Accident or Suicide? <u>_____</u>	



Name  
in  
Full

Rebecca Harding

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Skipton<sup>County</sup> TalbotDate of death 1905 <sup>Month</sup> Nov. <sup>Day</sup> 29Age <sup>Years</sup> about 45

? Months

? Days

Sex Female

Color or  
Race

Negro

Birth-  
place

Q.A. Co. Md.

Occupation

Wash Woman

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Charles Harding

Father's  
Name

Steven Gibbs

Father's  
Birthplace

Q.A. Co. Md

Mother's  
Maiden Name

Sarah Rebecca

Mother's  
Birthplace

" " " "

Name of person giving  
In formation

Chas. Harding

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 yrs.

Immediate

Exhaustion

How long

few days

Are the name, age, sex, color, date  
and place correctly given above?

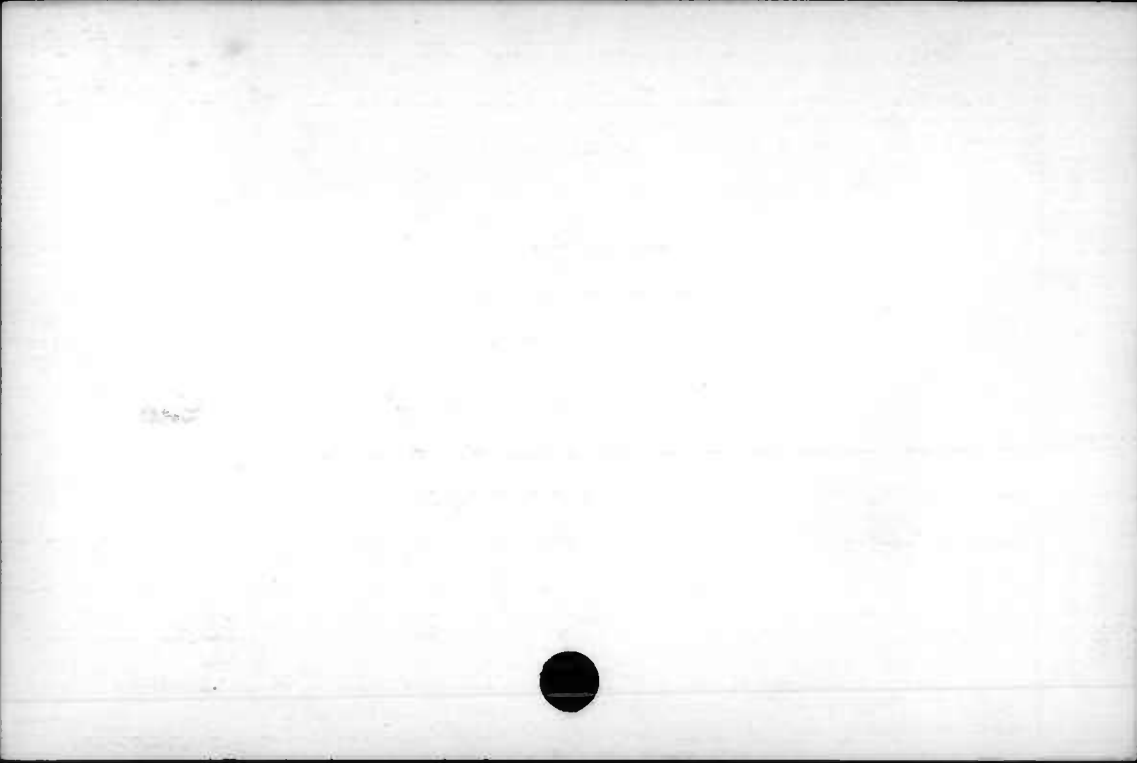
y es

Signature of  
Physician

Address

Chas. H. Davidson  
Easton, Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

James. Alexander Harris

Town

Hambleton

County

Talbot.

MARYLAND

Died near

Date

of death 1909

Month

11

Day

11

Age

Years

55-

Months

10

Days

25-

Sex

Male

Color or  
Race

Negro

Birth-  
place

Talbot Co, Md

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Lucinda Harris

Father's  
Name

Don't know

Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Nicholas Bruscoe

How related  
to deceased

Under-law

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

20 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

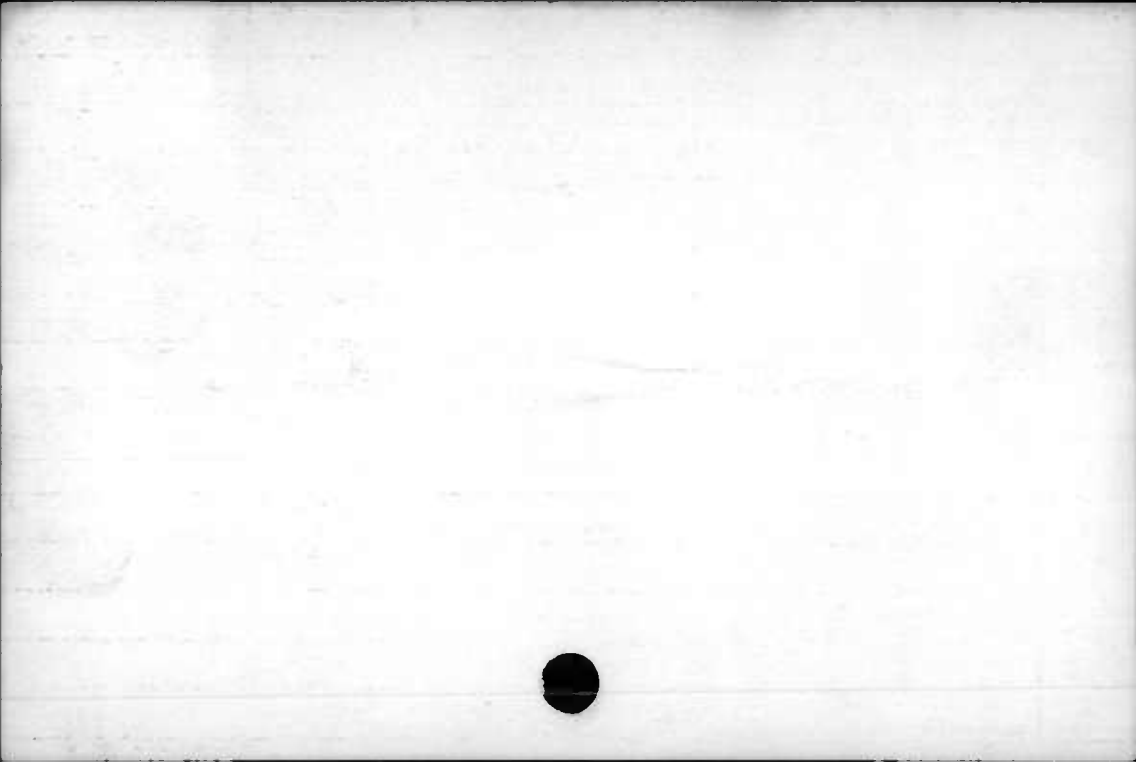
Signature of  
Physician

Address

Joseph A. Ross, M.D.  
Tappan, Talbot Co Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

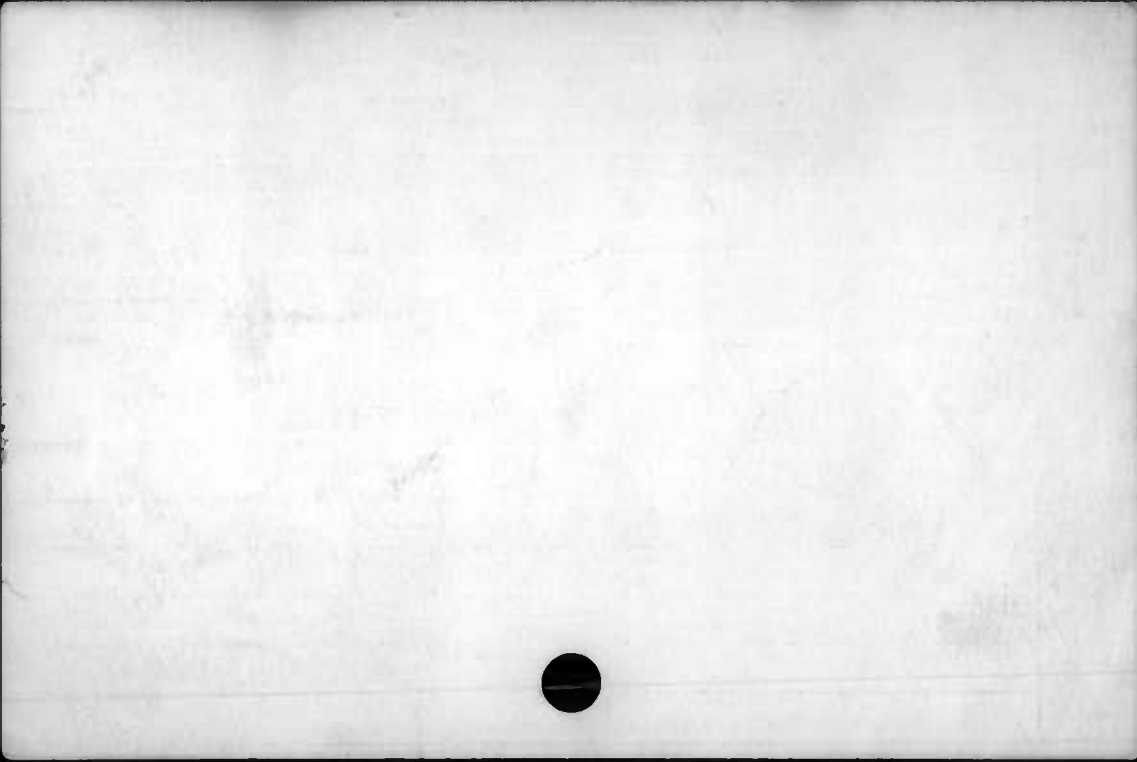
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oxford</i> Town		<i>Maryland</i> County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Nov</i>	Day <i>25</i>	Age <i>53</i> Years	Months Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Finland</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Carpenter</i>			
Name of Wife or Husband <i>Anne Hemming</i>					
Father's Name <i>Jacob Hemming</i>		Father's Birthplace <i>Finland</i>			
Mother's Maiden Name		Mother's Birthplace <i>Finland</i>			
Name of person giving Information <i>Mrs Anne Hemming</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cancer of Stomach</i>	How long <i>Three years</i>
	Immediate <i>—</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Stevens M.D.</i>
		Address <i>Oxford Md.</i>
	Accident or Suicide? <i>no</i>	<i>Mel.</i>



Name  
in  
Full

Mrs Mary Ann MacDutoch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Easton<sup>County</sup> Talbot

Date of death 1905 November

Day Sunday

Age 58

Months Four

Days Five

Sex Female

Color or Race White

Birth-place Canada

Occupation Housewife

Where Residing if not  
at place of death XMarried, Single  
or Widowed MarriedName of Wife or  
Husband Wm M. MacDutoch

Father's Name William Boudry

Father's Birthplace England

Mother's Maiden Name Maria Cornish

Mother's Birthplace England

Name of person giving  
In formation Ella MacDutochHow related  
to deceased Daughter

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long 6 yrs

Immediate Hemorrhage

How long 1 hr

Are the name, age, sex, color, date  
and place correctly given above? YesSignature of  
Physician

Address

Chas. F. Darrigan  
Easton, Md.

Accident or Suicide?

151

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County	
Date of death		Month	Day	Age	Years
Sex		Color or Race		Birth-place	
Occupation				Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

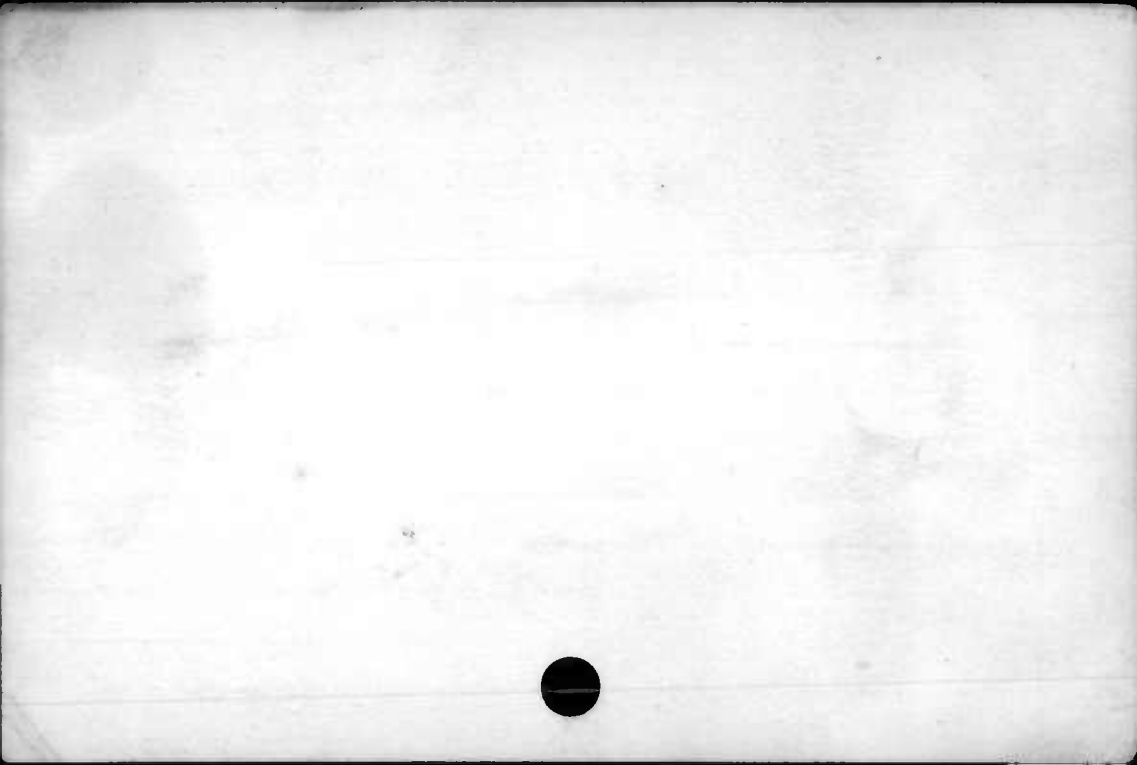
*Babe Maddox (M. W.)*  
*Filyman Talbot*  
*1905 Nov. 26*  
*Female*  
*Black*  
*Single*  
*David Maddox*  
*Sarah Balord*  
*David Maddox*  
*Somerset Co. Md.*  
*Somerset Co. Md.*  
*Father*

## CAUSES OF DEATH

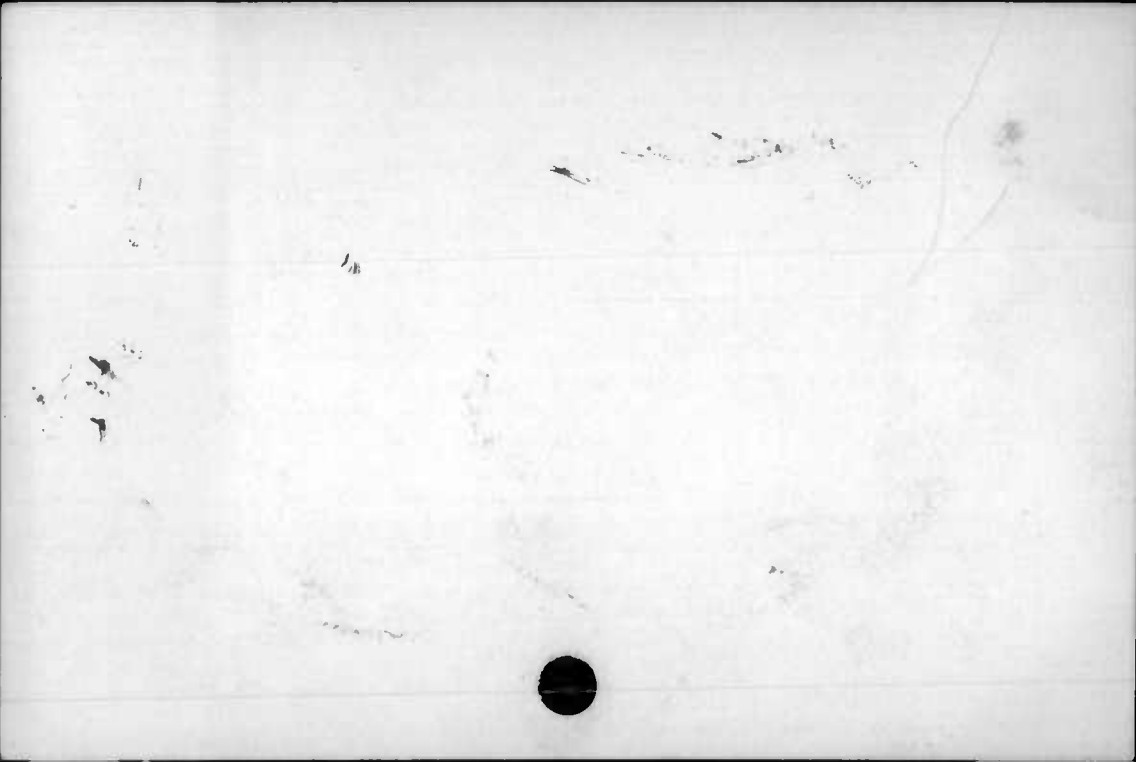
PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address

*Prominent birth*  
*7 mos*  
*Yes*  
*S. K. Wilson*  
*Filyman Md*



Name in Full		Town		County		STATE	
Allen		Bucaville		Tallot		MARYLAND	
Died at		Date of death		Age		Months Days	
1905		Dec. 23		23		6	
Sex		Color or Race		Birth- place			
male		white		Bucaville			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		J. J. Merrick				Father's Birthplace	
Mother's Maiden Name		Alberta Beany				Mother's Birthplace	
Name of person giving In formation		S. J. Merrick				How related to deceased	
						father	
CAUSES OF DEATH							
Primary		Prematurity - nephritis				How long	
Immediate		Convulsions				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes				1 day 3 hrs.	
Signature of Physician		W. S. Seymour					
Address		Tropas					
Accident or Suicide?							





Name  
in  
Full

Austen Merriek

## CERTIFICATE OF DEATH

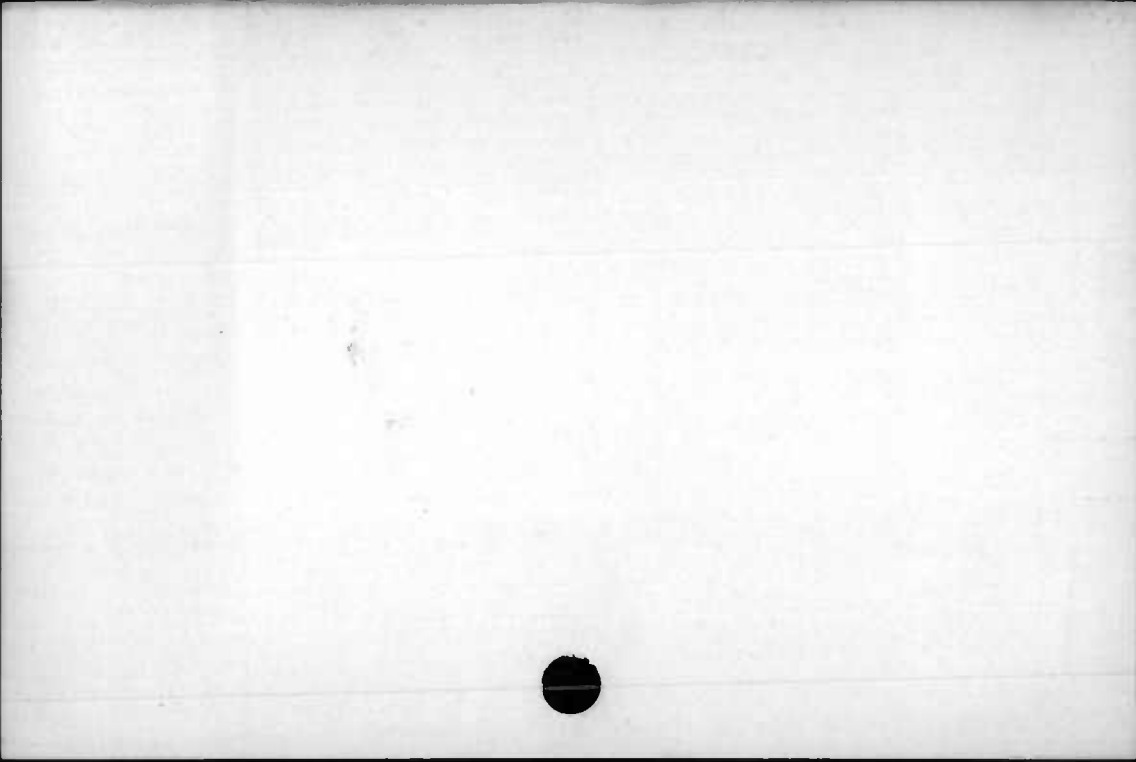
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bucerville</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u> <sup>Month</sup> <u>Nov</u> <sup>Day</sup> <u>26</u> <sup>Age</sup> <u>—</u> <sup>Years</sup> <u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup> <u>8</u>					
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Bucerville</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>S. J. Merriek</u>		Father's Birthplace <u>Talbot Co,</u>			
Mother's Maiden Name <u>Alberta Quincy</u>		Mother's Birthplace <u>Talbot Co</u>			
Name of person giving information <u>S. J. Merriek</u>		How related to deceased <u>father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chorea - nephritis</u>	How long <u>2 days</u>
Immediate <u>embolism</u>	How long <u>6 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm S. Seymour</u>
	Address <u>Trappan</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Margaret A Nickerson

CERTIFICATE OF DEATH

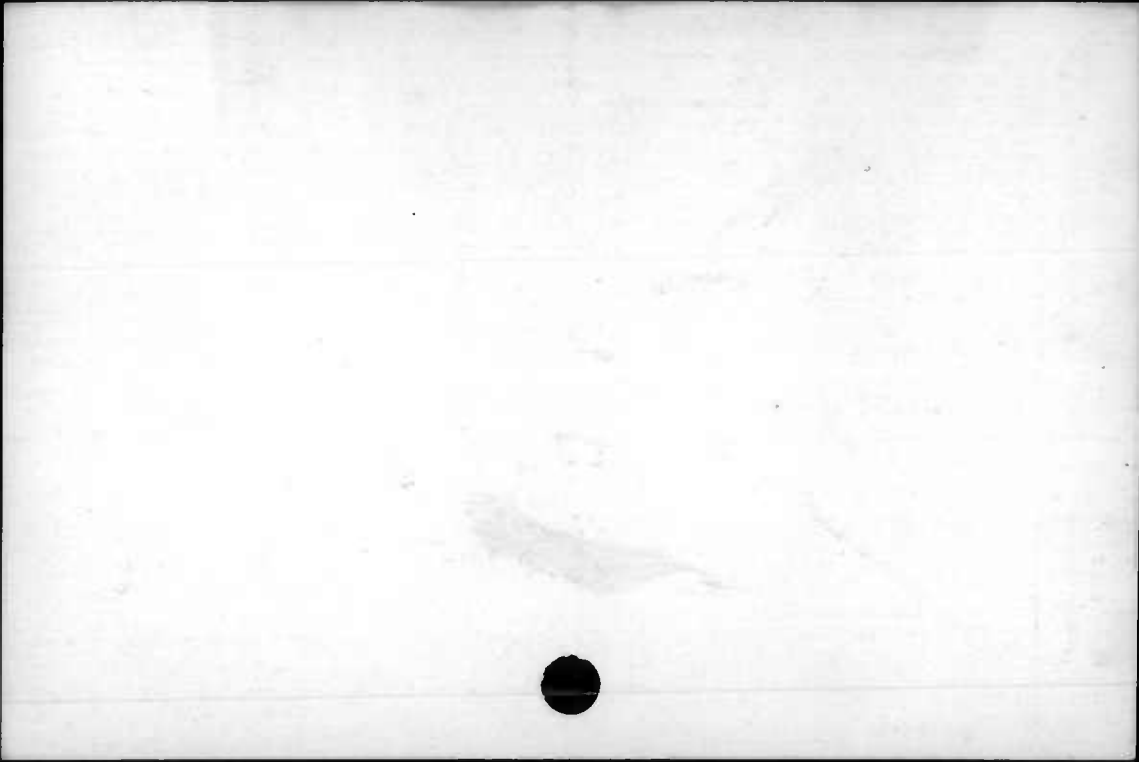
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Salbot</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>November</u>	Day <u>12</u>	Years <u>79</u>	Months <u>10</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Delaware</u>		
Occupation <u>housekeeping</u>			Where Residing if not at place of death <u>Easton Md.</u>		
Married, Single or Widowed <u>widow</u>		Name of Wife or Husband <u>William P. Nickerson</u>			
Father's Name <u>John Clark</u>			Father's Birthplace <u>Delaware</u>		
Mother's Maiden Name <u>Sarah Clark</u>			Mother's Birthplace <u>Delaware</u>		
Name of person giving information <u>Geo F Nickerson</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>General debility</u>	How long	<u>six mo.</u>
Immediate	<u>Heart failure</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo F Nickerson</u>	
		Address <u>Easton Md.</u>	
Accident or Suicide? <u>-</u>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Harper Clyde Parrott*

Town *Near Cordova* County *Talbot* MARYLAND

Died at *Near Cordova*

Date of death *1905* Month *Nov* Day *23* Age *—* Years *—* Months *—* Days *6*

Sex *Male* Color or Race *White* Birth-place *Near Cordova*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *William A Parrott* Father's Birthplace *Ma*

Mother's Maiden Name *Ida L. Burns* Mother's Birthplace *Ma*

Name of person giving information *William C Parrott* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

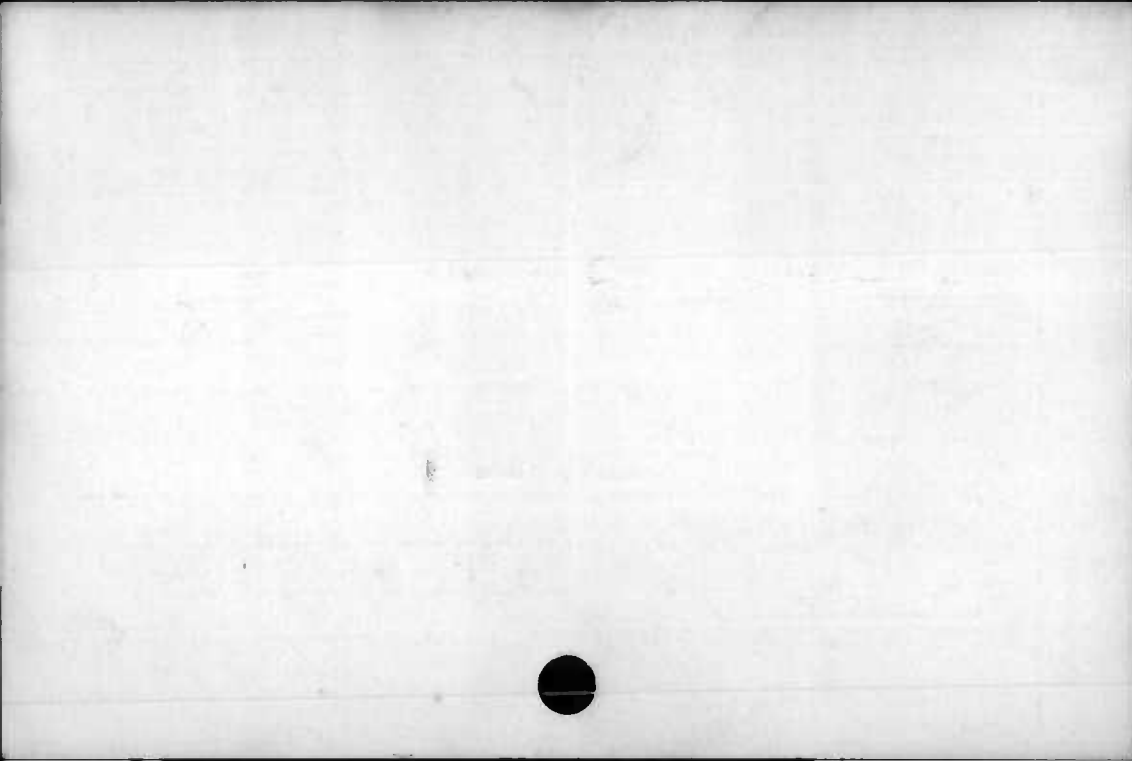
Primary *Enteritis* *(05)* How long *discontinued patient just five 22, not*

Immediate *Exhaustion* How long *small hours*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. H. Ford*

Address *Cordova Ma*

Accident or Suicide? *—*



Name  
in  
Full

Oliver Plummer

## CERTIFICATE OF DEATH

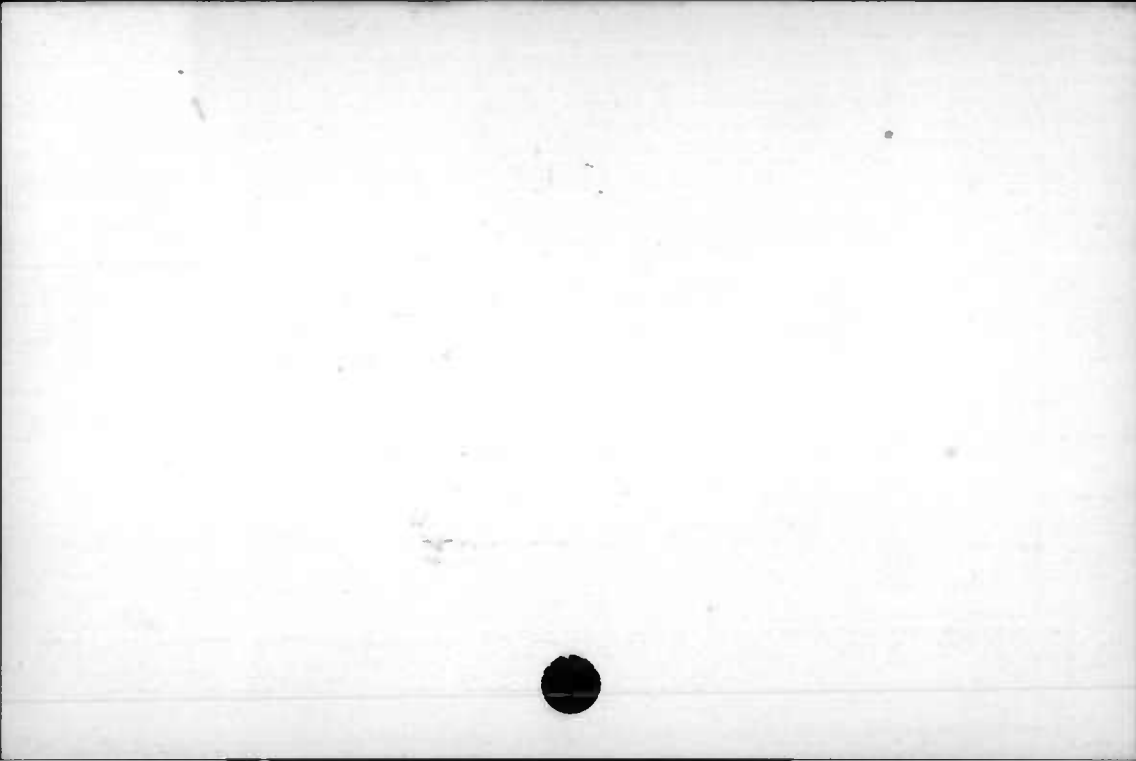
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Michaels</i> Town		<i>Tallot</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>16</i>	Age <i>—</i> Years	Months <i>4</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St Michaels</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John O Plummer</i>	Father's Birthplace <i>Chapel dist</i>				
Mother's Maiden Name <i>Ruth McQuay</i>	Mother's Birthplace <i>Chapel dist</i>				
Name of person giving information <i>John O Plummer</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cold &amp; Abscess</i>	How long <i>several days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walter Skinner M.D.</i>
	Address <i>St Michaels</i>
Accident or Suicide? <i>—</i>	<i>me</i>





Name  
in  
Full

Marcel Lucie Price

## CERTIFICATE OF DEATH

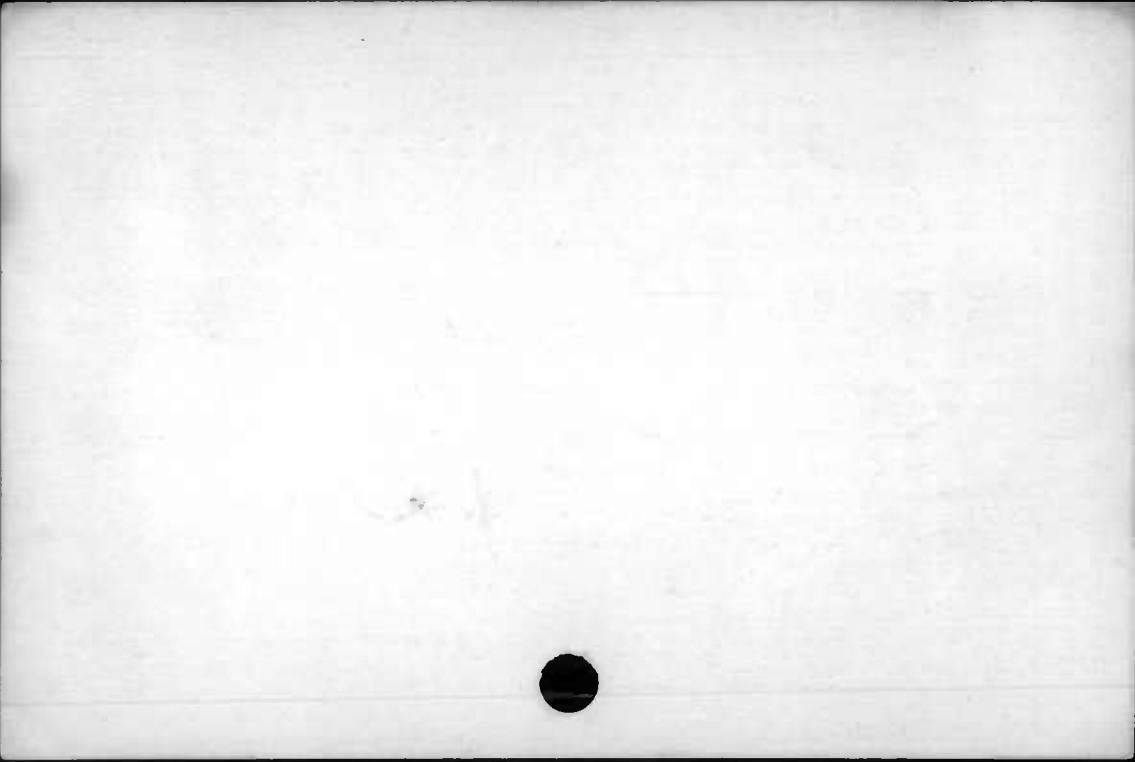
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Easton</i>		County		MARYLAND	
Date of death	1905	Month	November	Day	25	Age	four
Sex	Full Male		Color or Race	White		Birth-place	Easton
Occupation	X			Where Residing if not at place of death		X	
Married, Single or Widowed	X		Name of Wife or Husband		X		
Father's Name	Willard F Price					Father's Birthplace	Dorchester
Mother's Maiden Name	Lizzie S Woodward					Mother's Birthplace	Leahurst
Name of person giving information	Willard F Price					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Eating rotten Chestnuts	How long	3 days
Immediate	Stomach Poisoning	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. F. Warden
		Address	Easton
Accident or Suicide?			ms



Name  
in  
Full

Bessie Ernestina Lumm

## CERTIFICATE OF DEATH

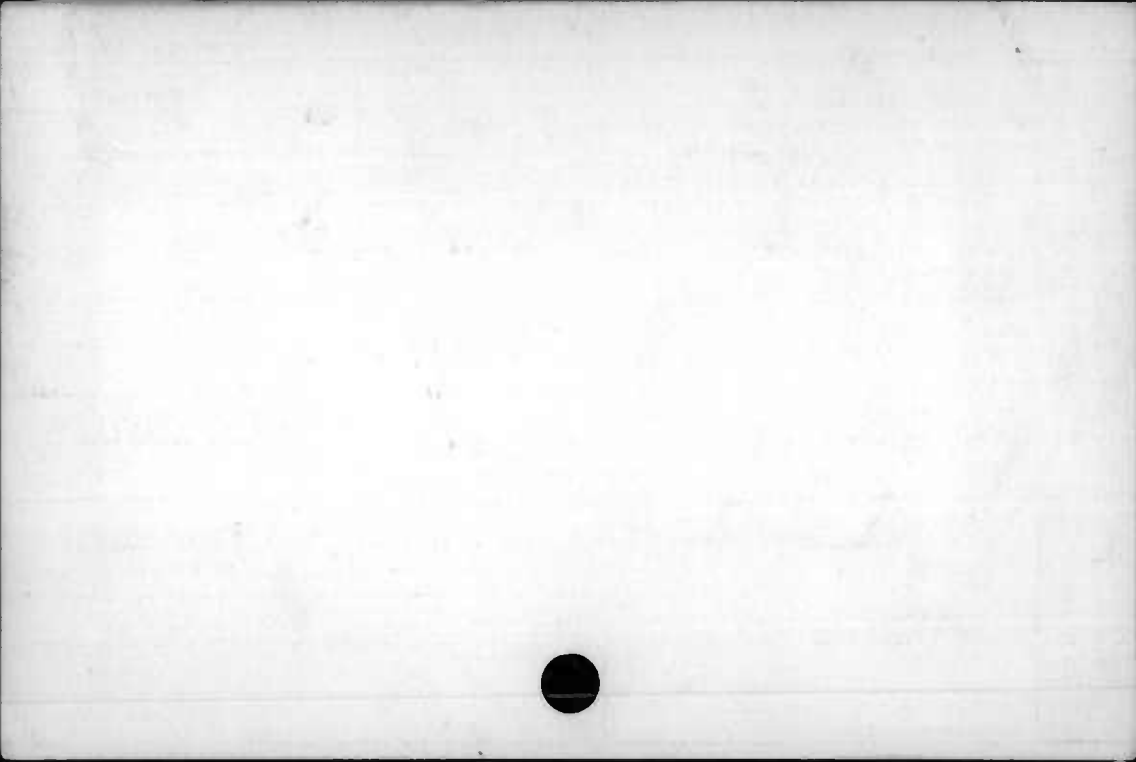
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oxford Neck</u> <sup>Town</sup>		<u>Salbot</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>5</u>	<u>Nov.</u> <sup>Month</sup>	<u>20</u> <sup>Day</sup>	Age <u>2</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u>11</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Oxford Neck</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>None</u>			
Name of Wife or Husband _____					
Father's Name <u>Otto Anton Lumm</u>			Father's Birthplace <u>Pennsylvania</u>		
Mother's Maiden Name <u>Mary R. Townsend</u>			Mother's Birthplace <u>Landover Md</u>		
Name of person giving information <u>Otto A Lumm</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Croup</u>	How long <u>One day</u>
Immediate <u>..</u>	How long <u>..</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. A. Stevens</u>
<u>yes</u>	Address <u>Oxford, Md.</u>
Accident or Suicide? <u>no</u>	



Name  
in  
Full

Thos. H. Whithy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Euston</u> Town		<u>Talbot</u> County			
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>10</u>	Age <u>69</u>	Months <u>10</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Talbot Co., Md</u>		
Occupation <u>Sailor</u>	Where Residing if not at place of death <u>Baltimore, Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Anne Clark</u>				
Father's Name <u>Thos Whithy</u>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>Wm H. Whithy</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

Primary <u>Enlarged Prostate, Cystitis</u>	How long <u>3 yr</u>
Immediate <u>Uremia</u>	How long <u>2 weeks</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

